FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

100 UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076

Expires April 30, 2008 Estimated average burden

hours per response:



16.00

Name of Offering (check if this is an amendment and n	ame has changed, and indicate change.)	
JCF II Private Investors Offshore, L.P.		
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505 ☑ Rule 506 ☐	Section 4(6) ULOE
Type of Filing: Mew Filing		
	·	
1. Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name	ame has changed, and indicate change.)	
JCF II Private Investors Offshore, L.P.		
Address of Executive Offices	(Number and Street, City, State Zip Code)	Telephone Number (including Area Code)
c/o J.P. Morgan Private Investments Inc.	, 345 Park Ave., New York, NY 10154	(212) 464-0281
Address of Principal Business Operations	(Number and Street, City, State and Zip Code)	Telephone Number Company
(if different from Executive Offices)		FROCESSED
Brief Description of Business		1441 7 2007
Investment Fund		JAN 1 6 2007
Type of Business Organization		THOMSON
□ corporation ☑		other (please specify): FINANCIAL
□ business trust □	limited partnership, to be formed	
	Month Year	
Actual or Estimated Date of Incorporation or Organization	1 0 0 6	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation	for State:
	CN for Canada; FN for other foreign jurisdiction	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		^{i,i} A	BASIC IDEN	TIFI	GATION DATA	•		,	}
2. Enter the information reques	sted for the following	ıg:							
Each promoter of the i	ssuer, if the issuer h	nas bec	n organized within t	he past	five years;				
Each beneficial owner	having the power to	o vote (or dispose, or direct	the vot	e or disposition of, 10	% or n	nore of a cla	ass of ed	juity securities of the issuer;
Each executive officer	٠.		• '		•				
	·		·	uio 60	nerus and managing pr		or partitions	ub usan	, are
Each general and man.					- · · · · · · · · ·		D ' .		
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	<u> </u>	General and/or Managing Partner - Administrator
Full Name (Last name first, if ind	ividual)								
J.P. Morgan Private Inve	stments Inc.								
Business or Residence Address	(Number and Stree	t, City	, State, Zip Code)						
345 Park Avenue, New Yo	ork, New York	101:	54						
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner - Administrator
Full Name (Last name first, if ind	ividual)								
JCF II Private Investors	GP Ltd., c/o M	&C (Corporate Servi	ces L	imited				
Business or Residence Address	(Number and Street	t, City	, State, Zip Code)						
P.O. Box 309GT, Ugland									ls
Check Box(es) that Apply:	□ Promoter :	: 🗆 😘	Beneficial Owner	. ⊠	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if ind Wurth, Douglas	ividual)	. T.							
Business or Residence Address	(Number and Stree	t, City	, State, Zip Code)	,		•		•	Asset Control of the
c/o J.P. Morgan Private I	nvestments Inc	., 34	5 Park Avenue,	New	York, New Yorl	101	54	"	
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner	Ø	Executive Officer	図	Director	Ö	General and/or Managing Partner
Full Name (Last name first, if ind	lividual)								
Craighead, Andrew E.									
Business or Residence Address	(Number and Stree		•						
c/o J.P. Morgan Private l	nvestments In	c., 34	5 Park Avenue,	New	Action to the Action Section 1				2 42 1 Page 1
Check Box(es) that Apply:	Promoter		Beneficial Owner	₹ ⊠	Executive Officer		Director ?		General and/or. Managing Partner
Full Name (Last name first, if ind	lividual)		4 4	:		• •			
Hill, Glenn J.		· .		(*)					
Business or Residence Address			y, State, Zip Code)	•		•	•		
c/o J.P. Morgan Private I	nvestments In	c., 34	5 Park Avenue,	New	York, New York	<u>د 101</u>	54		
Check Box(es) that Apply:	☐ Promoter		Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)								
McGraw, Thomas									<u></u>
Business or Residence Address	(Number and Stre	et, City	y, State, Zip Code)						

c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA	<u> </u>	
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five years; 		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more or	f a class of eq	uity securities of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of par	tnership issue	rs; and
Each general and managing partner of partnership issuers.	•	•
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Direction of Dire	tor 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)		
Sheridan, Marcus		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154		
Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Direct	tor 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)	•	
Conklin, Margaret	** - *	
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154	,	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Direct	ctor 🗆	General and/or Managing Partner
Full Name (Last name first, if individual)		
Chiaravalloti, Michael		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direct	ctor D	General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154	ctor 🗀	^ t
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction Direction Directions of the Company	ctor : □	^ t
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Directly Direc	ctor 🗆	^ t
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply		^ t
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply		Managing Partner General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply		Managing Partner General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply		Managing Partner General and/or
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Directly Dreyer, Lisa Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Directly	ctor 🗆	Managing Partner General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply	ctor 🗆	Managing Partner General and/or Managing Partner General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply Promoter Beneficial Owner Executive Officer Direction Inc., 245 Park Avenue, New York, New York 10154 Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Direction Inc., 345 Park Avenue, New York Individual) Santi, Blaise Business or Residence Address (Number and Street, City, State, Zip Code) c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154	ctor 🗆	Managing Partner General and/or Managing Partner General and/or

c/o J.P. Morgan Private Investments Inc., 345 Park Avenue, New York, New York 10154

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	(18) A. J.	1.00		BNIN	ORMAT	ION/ABO	UTOFFI	RING	halo a		Section E.F.	5.61
	·										Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Ø			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										\$250	0,000	
										Yes	No	
3. Does the offering permit joint ownership of a single unit?										Ø		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if ind	ividual)						r			
ID Mor	gan Secur	ities Inc										
	or Residence		Number and	Street, City	, State, Zip	Code)						
	Park Aver Associated B			YORK 10	01/	,		.,				
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "	All States" of	or check ind	ividual Stat	es)		•••••		***************************************	***************************************		🗹 Al	ll States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[N]]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
i dii ivanic	(Lust name	inst, ii iid	rvidual)									
Business	or Residence	: Address (1	Number and	Street City	/ State Zin	Code)	•					
		(,,, ,	,						
Name of A	Associated B	roker or De	aler					•				
	1,000 014100 2											
States in V	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers				,		
(Check "	All States" o	or check ind	lividual Stat	es)		*************					🗆 Al	l States
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[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[UI] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV] -	[OK] [WI]	[OR] [WY]	[PA] [PR]
	(Last name			[17]	[01]	[1]	[VA]	[WA]	[44.4]	[111.]	[** 1]	[110]
	•	•	,									
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)				<u> </u>		
-	,											
Name of /	Associated E	Broker or Do	aler					•	-			·
	Which Perso						. ,				 -	A II C
•	All States"											All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$	0	\$		0
	Equity	\$	0	\$		0
	☐ Common ☐ Preferred	_				
	Convertible Securities (including warrants)	\$	0	\$		0
	Partnership Interests	\$	14,000,000	S		14,000,000
	Other (Specify)	\$	0	S		0
	Total			\$		14,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.					· · · · · · · · · · · · · · · · · · ·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors		13	\$		14,000,000
	Non-accredited Investors	_	0	\$	_	0
	Total (for filings under Rule 504 only)	_	N/A	\$	_	N/A
	Answer also in Appendix, Column 4, if filing under ULOE					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question I.		m ag 1			5.11
	Type of Offering		Type of Security			Dollar Amount Sold
	Rule 505	_	N/A	\$	_	N/A
	Regulation A		N/A	\$	_	N/A
	Rule 504	_	N/A	\$:_	N/A
	Total	_	N/A	\$	· _	N/A
i	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•			
	Transfer Agent's Fees		. ۵	\$; _	
	Printing and Engraving Costs		· 🗹	\$; _	50,300
	Legal Fees		Ø	S	· _	323,630
	Accounting Fees			\$	·	
	Engineering Fees		_	\$	· –	-
	Sales Commissions (specify finders' fees separately)			\$	· _	2,086,250*
	Other Expenses (identify) Marketing		図	\$	-	24,400
	Total		⊠	\$	· _	2,484,580

^{*} Represents fees that do not affect the gross proceeds of the Issuer and are not used in the calculation of adjusted gross proceeds herein.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS									
	b. Enter the difference between the aggregate of 1 and total expenses furnished in response to Par gross proceeds to the issuer."	t C - Question 4.a. This difference is the "a	adjuste	d		\$		\$13,601,670		
5.	Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount and check the box to the left of the estimate, adjusted gross proceeds to the issuer set forth in r	-	_							
					Payments to Officers, Directors, & Affiliates			Payments To Others		
	Salaries and Fees			\$_	0		\$	0		
	Purchase of real estate		Ф	\$_	0		\$	0		
	Purchase, rental or leasing and installation of mac	chinery and equipment	o	\$_	0		\$	0		
	Construction or leasing of plant buildings and fac	cilities		\$	0		\$	0		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer									
	pursuant to a merger)			\$_	0		\$	0		
	Repayment of indebtedness	Ď	\$_	0		\$	0			
	Working capital		\$_	0		\$	0			
	Other (specify): Investment in Private Eq									
	Column Totals			` s _	0	Ø	\$	\$13,601,670		
	Total Payments Listed (column totals added)				函 \$	\$13,6	01,6	570		
<u>. </u>		D. FEDERAL SIGNATU	RÉ	_		-				
C	he issuer has duly caused this notice to be signed constitutes an undertaking by the issuer to furnish to y the issuer to any non-accredited investor pursuan	by the undersigned duly authorized person to the U.S. Securities and Exchange Commi	ı. Iftl	his no	otice is filed under Ru	ale 505, staff, th	the e inf	following signature formation furnished		
Issu	er (Print or Type)	Signature		2	Date					
JC	F II Private Investors Offshore, L.P.	i cult	<u> </u>		December 15, 2	006				
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type) By: J.P. Morgan Private Investi	ments	s Inc	., as Administra	tor				
Mi	chael J. Chiaravalloti	By: Vice President						;		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).